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IMPETIGO CONTAGIOSA ANNULATA ET SERPIGINOSA.

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IN Rayer's *Atlas of Skin Diseases* * published in Paris, in 1835, are two plates representing impetigo annulata.

The term "pustular ringworm" is added in parenthesis. In the descriptive text Rayer says:

"Impetigo is characterized by small, inflamed, yellowish pustules; by honeylike crusts when the lesions are recent, and grayish or greenish ones like old plaster when the lesions are old. Sometimes impetigo exhibits certain peculiar appearances: *impetigo scabida* when the crusts are grayish, lamellar, and occupy a large portion or the whole of an extremity; *pustular ringworm* when the crusts are arranged in an annular manner."

The conclusion that the above illustrations are not those of pustular ringworm is, I believe, justified by the fact (1) that Rayer applied this term indiscriminately to crusts arranged annularly; (2) that the disease occurred in an adult female; and (3) that profuse crusting and high-grade inflammatory reaction were present.

A search of the literature in the more modern text-books of skin diseases gives us but little information in reference to this interesting form of impetigo. The treatises on dermatology in the English language contain nothing on the subject. The same may be said of most of the French works. Kaposi, in speaking of impetigo, says:

"Impetigo faciei contagiosa is characterized by the acute outbreak of pinhead to lentil-seed sized superficially seated vesicles in the region of the face, scalp, and neck. These appear in crops, discrete at first,

* *Atlas des maladies de la peau.* Par P. Rayer, médecin consultant du roi, médecin de l'hôpital de la Charité, chevalier de la Légion d'honneur, membre des Académies royales de médecine de Paris et de Madrid. Publié par J. B. Baillière, Paris, 1835.



later coalescing and drying rapidly to gumlike crusts, under which epithelial regeneration takes place. Some reach the size of a thaler in the form of concentric rings of vesicles resembling *herpes tonsurans* or *pemphigus serpiginosus*." Unna, in his *Histopathologie der Hautkrankheiten*, says: "In contradistinction to impetigo vulgaris, *impetigo circinata* forms flat, thin crusts which spread peripherally and sink in the center. The following is a typical case of the latter in an elderly man: A. L. Eight days ago there appeared upon the nose, chin, forehead, cheeks, and beard an eruption of vesicles. The ma-

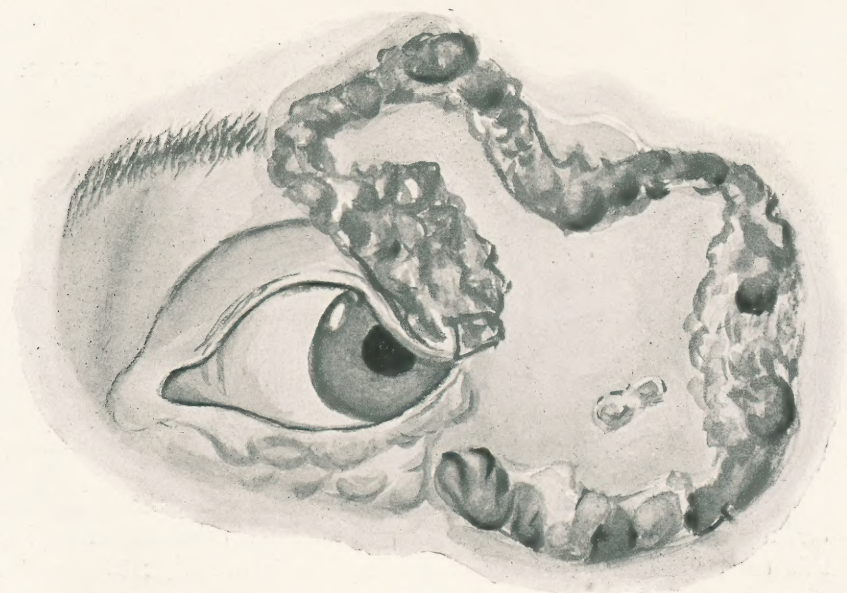


FIG. 1 (Plate VII of Rayer's Atlas).—"A variety of impetigo remarkable for the annular arrangement and the swelling of the skin under the crusts in an individual of strumous diathesis." *Impetigo annulata* (pustular ringworm).

jority of these were soon converted into brownish translucent crusts that spread peripherally, their centers becoming depressed and desquamating."

The arrangement of impetiginous vesicles in concentric rings, or in a circinate manner at all, is certainly a rare occurrence in this country. From the descriptions of Kaposi and Unna, it would seem that in Germany such an arrangement is not uncommon. The following case is, in my opinion, a remarkable instance of this unusual form of *impetigo contagiosa*:

B. K., a lad of ten years, presents upon the face, near the angle of the mouth, several pea sized pustules covered with profuse crusts.



FIG. 2.—“*Impetigo annulaire* (pustular ringworm)” (Plate VII *bis* of Atlas). “This plate represents the crusts of impetigo arranged in irregular rings. This variety is very rare. The hairs between the crusts have been cut short. This affection developed in a woman who several months previously had a similar eruption around the left eye.”

Upon the lateral and posterior aspects of the neck are similar though larger lesions, and also a few vesico-pustules. The axillary and pubic regions are the seats of a most remarkable condition. In the axillæ are symmetrically arranged gyrate patches the size of the palm of the hand, the centers of which are almost but not entirely clear. The border is serpiginous and made up of yellowish-brown, greasy, loosely attached crusts, which project a quarter of an inch above the surface of the skin. Large fragments of crust hang here and there from the border as if attached but by a thread. The centers of the patches show a number of round, crusted lesions, such as are seen upon the neck. The skin is not perceptibly reddened except when the crusts are removed. No ulceration is present. A large plaque the shape of a butterfly, the penis representing the body, involves the pubic and inguinal regions and the inner sides of the thighs. The crusts upon the borders are here even more prominent than in the axillæ. Upon the upper part of the right thigh is a round patch about one inch in diameter, which shows distinct concentric crusting, as in rupia. The falling out of the central crusts would, of course, produce a typical circinate plaque. Other lesions are present upon the arms, neck, and back.

The accompanying photograph (Fig. 3), although an excellent one, might suggest to some an affection other than *impetigo contagiosa*. The involvement in this manner of the axillæ and pubis certainly conjures up the arrangement of *eczema marginatum*. The configuration of



FIG. 3.

the patches and their localization are, however, the only points of similarity. Microscopical examination of the crusts proved the absence of any fungous elements. The pubic patch, with the outlying rupialike

crust, might suggest the possibility of syphilis. Examination of the case clinically would have shown that the dermatosis was exceedingly superficial. The crusts lay upon the skin. There was no infiltration and no ulceration. It is scarcely necessary to repudiate the diagnosis of *tinea favosa*. It might be here added that the affected regions were in this individual still hairless.

That this case is one of *impetigo contagiosa* is, I think, beyond reasonable doubt. The long duration (eight weeks) and the extensive involvement are, I believe, due to the unusual activity of the exciting organism. It is more than probable that future research will discover a number of varieties of *impetigo contagiosa* produced by different bacteria. Unna to-day recognizes an "*impetigo staphylogenes*," an "*impetigo streptogenes*," etc.

Microscopic examination of the crusts showed the presence of micrococci, most of them in groups of twos. The pus from an unruptured vesico-pustule gave a similar result.

Under the use of an ointment of red oxide of mercury and white precipitate the affection rapidly improved. The patient was on the road to recovery when he disappeared from observation.

